

MG SOLUTION PTE LTD  
23 Kaki Bukit Ave 4 (South Wing) #02-03B  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
Co. Reg. No. : 201427944N

# vehicle in #  
SLV 1050D.

Date : 02/05/2018

To : AXA INSURANCE SINGAPORE PTE LTD  
Tel : 1800-880 4741  
Fax :

By Fax & Email

Email : motor.survey@axa.com.sg ; Cst @ axa.com.sg

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLV 1050D and SFM 8183M along  
at Slip Road or eram Road towards Bukit timah Road on 2/5/18

We are instructed by SUPREME LEASING & LIMOUSINE PTE LTD. (Name of Claimant) to notify  
you of a road traffic accident on the above mentioned. A copy of the Singapore Accident  
Statement / Traffic Police Report filed is enclosed.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our client  
/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your  
receipt of this notice whether you or your insurer would like to conduct a Pre- Repair Survey of  
the vehicle. If we do not receive any reply from you within the stipulated timeline, our client / we  
shall proceed to repair the vehicle without further reference to you.

Thank you.

Yours faithfully.



MS. HENG YOKE HONG  
HP: 9188 6931

FOR SURVEYOR

Please initial here after completion of pre-repair  
inspection. Thank you.

Appointed Surveyor: \_\_\_\_\_  
(Name & Signature)

Date & Time of Inspection: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available as aforesaid.

### ACCIDENT STATEMENT

Date Of Report	02/05/2018 15:15
Date Of Accident	02/05/2018 10:25
Exact Location Of Accident	AT SLIP ROAD OF EVANS RD TOWARDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1080D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI000894-R00
Cover Note Number	

### Driver

Name of Driver	LEE YIN PANG
NRIC No	S1483443E
Date Of Birth	09/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1980
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87991086
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 116 SIMEI ST 1 #05-572
Postcode	520116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MR KWOK GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 02/05/2018 AT ABOUT 1025HRS AT SLIP ROAD FROM EVANS ROAD TOWRDS BUKIT TIMAH ROAD. I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND COME TO A STOP WHILE GIVING WAY TO THE MAIN TRAFFIC ALONG BUKIT TIMAH ROAD. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SLV1080D (B) SFM8183M

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PLS GET FROM W/S
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFM8183M
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LEE YIN PANG

Approximate Age

Injuries Sustain

BACK AND NECK PAIN

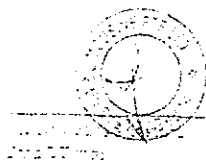
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

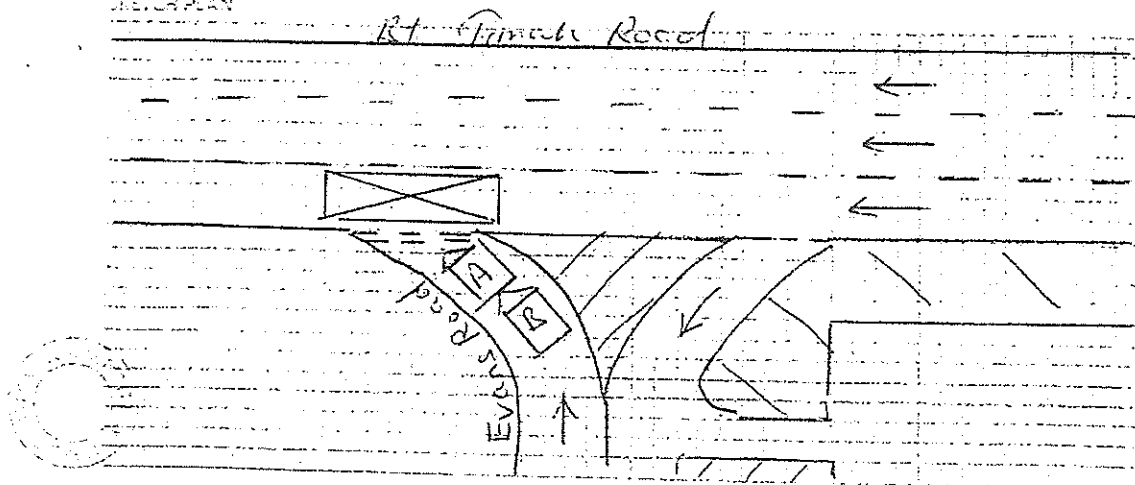
[illegible]

14. *Journal of Management Education*, 1990, 14(1), 1-10.

NAME: \_\_\_\_\_

# Sketch Plan Pg. 2

SKETCH PLAN



SUBSCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/05/2018 at about 1025 hrs at Slip Road from Evans Road towards Bukit Timah Road. I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Bukit Timah Road. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SLV 1080 D

(B) SFM 8183 M

DECLARATION



*[Signature]*  
 Name of Driver  
 Date of Birth

*[Signature]*  
 Name of Police Officer  
 Date of Birth